

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:
IPEA/

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of
international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only		
Identification of IPEA	Date of receipt of DEMAND	
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		
International application No. PCT/EP2004/006974	International filing date (day/month/year) 25 June 2004	
(Earliest) Priority date (day/month/year) 27 June 2003		
Title of invention Method for managing content		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) KONINKLIJKE KPN N.V. Maanplein 55 2516 CK THE HAGUE The Netherlands		Telephone No. +31 70 4460678
		Facsimile No. +31 70 4460840
		Teleprinter No.
		Applicant's registration No. with the Office
State (that is, country) of nationality: NL	State (that is, country) of residence: NL	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) VAN STEENBERGEN Ate Sander Framaheerd 82 9737 NN GRONINGEN The Netherlands		
State (that is, country) of nationality: NL	State (that is, country) of residence: NL	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) DE VRIES Bob Richard Meerweg 102 9752 JL HAREN The Netherlands		
State (that is, country) of nationality: NL	State (that is, country) of residence: NL	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.		

BEST AVAILABLE COPY

Continuation of Box No. II APPLICANT(S)

*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

VAN DER VELDE Reanne Martine
 Salvador Allendeplein 62
 9728 TM GRONINGEN
 The Netherlands

State *(that is, country)* of nationality:
NLState *(that is, country)* of residence:
NLName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

BANUS René
 G.J. Boekhovenstraat 8
 9728 VK GRONINGEN
 The Netherlands

State *(that is, country)* of nationality:
NLState *(that is, country)* of residence:
NLName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence: Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative
 and has been appointed earlier and represents the applicant(s) also for international preliminary examination.
 is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
 is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (<i>Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.</i>)	Telephone No. +31 70 4460678
WUYTS Koenraad Maria Koninklijke KPN N.V. P.O. Box 95321 2509 CH The Hague The Netherlands	Faximile No. +31 70 4460840
	Teleprinter No.
	Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination **to start on the basis of:**
 the international application as originally filed
 the description as originally filed
 as amended under Article 34
- the claims as originally filed
 as amended under Article 19 (together with any accompanying statement)
 as amended under Article 34
- the drawings as originally filed
 as amended under Article 34
2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
3. The applicant wishes the start of the international preliminary examination **to be postponed until the expiration of the applicable time limit under Rule 69.1(d).**
4. The applicant expressly wishes the international preliminary examination **to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).**

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

which is the language in which the international application was filed.
 which is the language of a translation furnished for the purposes of international search.
 which is the language of publication of the international application.
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

1. translation of international application	:	sheets
2. amendments under Article 34	:	sheets
3. copy (or, where required, translation) of amendments under Article 19	:	sheets
4. copy (or, where required, translation) of statement under Article 19	:	sheets
5. letter	:	sheets
6. other (specify)	:	sheets

	For International Preliminary Examining Authority use only received	not received
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>

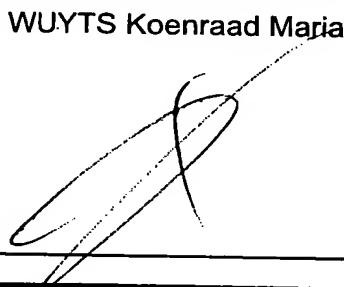
The demand is also accompanied by the item(s) marked below:

1. <input checked="" type="checkbox"/> fee calculation sheet	5. <input type="checkbox"/> statement explaining lack of signature
2. <input type="checkbox"/> original separate power of attorney	6. <input type="checkbox"/> sequence listing in computer readable form
3. <input type="checkbox"/> original general power of attorney	7. <input type="checkbox"/> tables in computer readable form related to a sequence listing
4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any:	8. <input type="checkbox"/> other (specify):

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

WUYTS Koenraad Maria



For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.
 The applicant has been informed accordingly.

4. The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.

5. Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.

7. The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.

8. Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

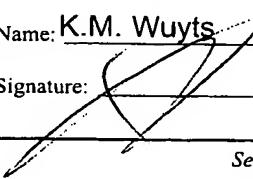
For International Bureau use only

Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

<p>International application No. PCT/EP2004/006974</p> <p>Applicant's or agent's file reference 402904WO</p> <p>Applicant KONINKLIJKE KPN N.V.</p>	<p>For International Preliminary Examining Authority use only</p> <p>Date stamp of the IPEA</p>
CALCULATION OF PRESCRIBED FEES	
<p>1. Preliminary examination fee</p> <p>2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)</p> <p>3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box</p>	<p>EUR 1530,-- <input type="checkbox"/> P</p> <p>EUR 129,-- <input type="checkbox"/> H</p> <p>EUR 1659,-- TOTAL</p>
MODE OF PAYMENT	
<p><input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</p> <p><input type="checkbox"/> cheque</p> <p><input type="checkbox"/> postal money order</p> <p><input type="checkbox"/> bank draft</p>	<p><input type="checkbox"/> cash</p> <p><input type="checkbox"/> revenue stamps</p> <p><input type="checkbox"/> coupons</p> <p><input type="checkbox"/> other (<i>specify</i>): _____</p>
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (<i>This mode of payment may not be available at all IPEAs</i>)	
<p><input checked="" type="checkbox"/> Authorization to charge the total fees indicated above.</p> <p><input checked="" type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.</p>	<p>IPEA/ <u>EPO</u></p> <p>Deposit Account No.: <u>2 809 0011</u></p> <p>Date: <u>7 January 2005</u></p> <p>Name: <u>K.M. Wuyts</u></p> <p>Signature: </p>

BEST AVAILABLE COPY

1 ALLGEMEINE VOLLMACHT GENERAL AUTHORISATION POUVOIR GENERAL

To be returned to authorisé
Copie destinée au mandataire

AV Nr. (bitte bei jeder Korrespondenz angeben)
GA No. (please quote in all correspondence)
PG n° (prière de mentionner dans toute correspondance)

Q1396 (new)

2 Ich (Wir) / I (We) / Je (Nous)

Koninklijke KPN N.V.
Maanplein 55
2510 CK The Hague
The Netherlands

Koninklijke KPN N.V.
Intellectueel Privebel Groep
P.O. Box 95321
2509 CH The Hague
The Netherlands

3 bevollmächtigte(n) hiermit/do hereby authorise/autorisee (autorisons) par la présente

the following employee of Koninklijke KPN N.V.

Wuyts, Koenraad Maria (Professional Representative)

Mailing address : Koninklijke KPN N.V.
Intellectual Property Group
P.O. Box 95321
2509 CH The Hague
The Netherlands

BEST AVAILABLE COPY

4 mich (uns) in den durch das Europäische Patentübereinkommen geschaffenen Verfahren in allen meinen (unseren) Patentangelegenheiten zu vertreten,
alle Handlungen für mich (uns) vorzunehmen und Zahlungen für mich (uns) in Empfang zu nehmen.
to represent me (us) in all proceedings established by the European Patent Convention and to act for me (us) in all patent transactions and to receive
payments on my (our) behalf.

et, à ce titre, à agir en mon (notre) nom et à recevoir des paiements pour mon (notre) compte.
 Die Vollmacht gilt auch für Verfahren nach dem Vertrag über die internationale Zusammenarbeit auf dem Gebiet des Patentwesens.
This authorisation shall also apply to any proceedings established by the Patent Cooperation Treaty.

Ce pouvoir s'applique également à toute procédure instituée par le Traité de coopération en matière de brevets.
Weitere Vertreter sind auf einem gesonderten Blatt angegeben. / Additional representatives indicated on supplementary sheet.
Les autres mandataires sont mentionnés sur une feuille supplémentaire.

Untervollmacht kann erteilt werden. / Sub-authorisation may be given. / Le pouvoir pourra être délégué.
Bitte die gelbe Kopie, ergänzt um die Nr. der allgemeinen Vollmacht, an den Vollmachtgeber zurücksenden.
Please return the yellow copy, supplemented by the General Authorisation No., to the authorizer.

Prière de renvoyer la copie jaune au mandant, munie du n° du pouvoir général.

Ort / Place / Lieu

Unterschrift(en) / Signature(s) The Hague

Datum / Date

09-06-2004

K. M. Wuyts (Head Intellectual Property Group)

Das Formblatt muß vom (von den) Vollmachtgeber(n) (bei juristischen Personen vom Unterschriftenberechtigten) eigenhändig unterzeichnet sein. Nach der Unterschrift bitte den (die) Namen des (der) Unterzeichneten mit Schreibmaschine wiederholen (bei juristischen Personen die Stellung des Unterschriftenberechtigten innerhalb der Gesellschaft angeben).

The form must bear the personal signature(s) of the authoriser(s) (in the case of legal persons, that of the officer empowered to sign). After the signature, please type the name(s) of the signatory(ies) adding, in the case of legal persons, his (their) position within the company.

Le formulaire doit être signé de la propre main du (des) mandant(s) (dans le cas de personnes morales, de la personne ayant qualité pour signer). Veuillez ajouter à la machine, après la signature, le (les) nom(s) du (des) signataire(s) en mentionnant, dans le cas de personnes morales, ses (leurs) fonctions au sein de la société.